Fill in this information to identify your case:	
Debtor 1 Jack Miller	
Debtor 2 Sheri Miller (Spouse, if filing)	
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OF	IIO
Case number 2:14-bk-50297	Check if this is:
(If known)	■ An amended filing □ A supplement showing postpetition chapter 13 income as of the following date:
Official Form 106I	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse	
If you have more than one job,	Employment status	■ Employed	■ Employed	
attach a separate page with information about additional	Employment status	□ Not employed	☐ Not employed	
employers.	Occupation DECEASED		Regional Manager	
Include part-time, seasonal, or self-employed work.	Employer's name		Health Care Billing Services	
Occupation may include student	Employer's address		55 High St.	
or homemaker, if it applies.		ОН	Carroll, OH 43112	
	How long employed there?		17 Years	

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

- 3. Estimate and list monthly overtime pay.
- Calculate gross Income. Add line 2 + line 3.

Debtor 2 or filing spouse		For Debtor 1		
2,627.73	\$	0.00	\$	2.
0.00	+\$	0.00	+\$	3.
2,627.73	\$	0.00	\$	4.

Official Form 106I Schedule I: Your Income page 1

Case 2:14-bk-50297 Doc 43-1 Filed 01/29/16 Entered 01/29/16 11:58:35 Desc Exhibit Page 2 of 4

Debi	tor 1 tor 2	Jack Miller Sheri Miller			(Case n	number (<i>if known</i>)	2:1	4-bk-50	297	
						For I	Debtor 1		or Debtor		
	Cop	y line 4 here		4.		\$	0.00	\$,627.73	
5.	Liot							-		-	_
5.		all payroll deduct		E.c.		\$	0.00	ф		500 OZ	ı
	5a. 5b.		and Social Security deductions ributions for retirement plans	5a 5b		\$ 	0.00	\$ \$		520.37 0.00	_
	5c.	•	ibutions for retirement plans	5c		\$	0.00	\$		52.56	_
	5d.	-	ments of retirement fund loans	5d		\$	0.00	\$		20.26	_
	5e.	Insurance		5e		\$	0.00	\$		325.15	_
	5f.	Domestic suppo	ort obligations	5f.		\$	0.00	\$_		0.00	_
	5g. 5h.	Union dues Other deduction	se Specify:	5g	ງ. າ.+	\$	0.00	, φ΄ . φ΄		0.00	_
						Ψ		-		0.00	_
6.			ctions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		» —	0.00	\$		918.34	_
7.			ly take-home pay. Subtract line 6 from line 4.	7.		\$	0.00	\$_	1	,709.39	_
8.	List 8a.	Net income from profession, or fa Attach a stateme receipts, ordinary	ent for each property and business showing gross and necessary business expenses, and the total			Ф	0.00	¢		0.00	
	8b.	monthly net inco		8a 8b		\$	0.00	\$ \$		0.00	_
	8c.	Family support regularly receive	payments that you, a non-filing spouse, or a dep	endent	<i>.</i>	Ψ	0.00	Ψ_		0.00	<u>'-</u>
			spousal support, child support, maintenance, divorcorporerty settlement.	e 8c	.	\$	0.00	\$		0.00	
	8d.	Unemployment	• •	80	d.	\$	0.00	\$		0.00	_
	8e.	Social Security		8e	€.	\$	0.00	\$		0.00	_
	8f.	Include cash ass that you receive,	ent assistance that you regularly receive istance and the value (if known) of any non-cash assuch as food stamps (benefits under the Supplement Program) or housing subsidies.		:	\$	0.00	\$		0.00	
	8g.	Pension or retir		8g		\$	0.00	\$		0.00	_
	8h.	Other monthly i	ncome. Specify:	8n	۱.+ _	\$	0.00	+ \$		0.00	_
9.	Add	all other income.	Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	\$	0.00	\$_		0.0	0
10.	Cal	culate monthly inc	ome. Add line 7 + line 9.	10.	\$		0.00 + \$	1	,709.39	= \$	1,709.39
	Add	the entries in line 1	10 for Debtor 1 and Debtor 2 or non-filing spouse.								
11.	Incli othe	ude contributions from the friends or relative not include any amo	contributions to the expenses that you list in Some an unmarried partner, members of your househots. bunts already included in lines 2-10 or amounts that	old, your dep							0.00
12.		e that amount on th	e last column of line 10 to the amount in line 11. ne Summary of Schedules and Statistical Summary of							\$	1,709.39
13.	Do y	you expect an incr No.	rease or decrease within the year after you file thi	is form?						Combi month	ned ly income
		Yes. Explain:	Wife expects \$15.16/hr @ 40 hrs/wk. No Ol get insurance through her work. Amount is					rand	e, but v	vill now	have to
			Husband is recently deceased.								

SIII	in this informa	tion to identify yo	our case.					
Debi			our case.			Choo	k if this is:	
Deb	101 1	Jack Miller					An amended filing	
Deb	tor 2	Sheri Miller						ving postpetition chapter
(Spc	ouse, if filing)				_		13 expenses as of	the following date:
Unite	ed States Bankr	uptcy Court for the:	SOUTH	ERN DISTRICT OF OHIC)	_	MM / DD / YYYY	
Case	e number 2:	14-bk-50297						
(If kr	nown)							
Of	fficial Fo	rm 106J						
		J: Your	Expen	ises				12/1
Be a	as complete a ormation. If m nber (if know	and accurate as ore space is ne n). Answer ever	possible eded, atta ry question	If two married people a ch another sheet to this				
Pari	Descr Is this a joir	ibe Your House	hold					
	□ No. Go to							
			in a separ	ate household?				
	■ N	~	st file Offici	al Form 106J-2, <i>Expense</i>	s for Separate House	e <i>hold</i> of Deb	otor 2.	
2.		e dependents?		, ,	,			
	Do not list D and Debtor 2	ebtor 1	Yes.	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
				oden dependentiminin	Daughter (Full-		90	□ No
	Do not state dependents				Student)	-111116	22	■ Yes
					-			□ No
								☐ Yes
								□ No □ Yes
					-			□ No
								☐ Yes
3.		enses include	han	No				
	yourself and	f people other t d your depende	nts?	Yes				
Par	t 2: Estim	ate Your Ongoi	na Monthi	v Evnenses				
Esti	imate your ex	penses as of yo	our bankrı	ptcy filing date unless y y is filed. If this is a sup				
the		n assistance an		government assistance cluded it on Schedule I:			Your exp	enses
(011	ilolai i olili io	,oi.,						
4.		or home owners and any rent for the		ses for your residence. r lot.	Include first mortgage	e 4. \$		600.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a. \$		0.00
		rty, homeowner's				4b. \$		0.00
				ipkeep expenses		4c. \$		25.00
5.		owner's associat		dominium dues o ur residence , such as ho	me equity loans	4d. \$ 5. \$		0.00
٥.	. waitional I	sage paying	yc	100.a01.00, 00011 a3 110	oquity tourio	σ. ψ		0.00

Case 2:14-bk-50297 Doc 43-1 Filed 01/29/16 Entered 01/29/16 11:58:35 Desc Exhibit Page 4 of 4

Debtor 1 Debtor 2	Jack Miller Sheri Miller	Case numl	ber (if known)	2:14-bk-50297		
			()			
	ties:		•			
6a.	Electricity, heat, natural gas	6a.	\$	175.00		
6b.	Water, sewer, garbage collection	6b.	\$	40.00		
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	280.00		
6d.	Other. Specify:	6d.	\$	0.00		
	d and housekeeping supplies	7.	\$	500.00		
	dcare and children's education costs	8.	\$	0.00		
	hing, laundry, and dry cleaning	9.	\$	140.00		
	onal care products and services	10.	\$	80.00		
	ical and dental expenses	11.	\$	20.00		
	sportation. Include gas, maintenance, bus or train fare.	12.	\$	295.00		
	ot include car payments.	13.	\$	130.00		
	ertainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations	13. 14.	\$			
	rance.	14.	Φ	0.00		
	ot include insurance deducted from your pay or included in lines 4 or 20.					
	Life insurance	15a.	\$	0.00		
	Health insurance	15b.	·	0.00		
	Vehicle insurance	15c.	\$	60.00		
	Other insurance. Specify:	15d.	·	0.00		
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.		*	0.00		
Spe		16.	\$	0.00		
	allment or lease payments:					
	Car payments for Vehicle 1	17a.	·	100.00		
	Car payments for Vehicle 2	17b.	·	0.00		
	Other. Specify:	17c.	\$	0.00		
	Other. Specify:	17d.	\$	0.00		
	r payments of alimony, maintenance, and support that you did not report as	18.	\$	0.00		
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I). er payments you make to support others who do not live with you.	10.	\$			
Spe		19.	Ψ	0.00		
	er real property expenses not included in lines 4 or 5 of this form or on <i>Sche</i>		our Income			
	Mortgages on other property	20a.		0.00		
	Real estate taxes	20b.	·	0.00		
20c.	Property, homeowner's, or renter's insurance	20c.		0.00		
	Maintenance, repair, and upkeep expenses	20d.		0.00		
	Homeowner's association or condominium dues	20e.		0.00		
	er: Specify: Grooming	21.	·	75.00		
Pet	· · ·		+\$	100.00		
			- Ψ	100.00		
	ulate your monthly expenses					
	Add lines 4 through 21.		\$	2,620.00		
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$			
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	2,620.00		
. Calc	ulate your monthly net income.					
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	1,709.39		
	Copy your monthly expenses from line 22c above.	23b.		2,620.00		
200.	Copy your monding expenses from the ELO above.	200.		2,020.00		
23c.	Subtract your monthly expenses from your monthly income.					
	The result is your monthly net income.	23c.	\$	-910.61		
For e	rou expect an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect your milication to the terms of your mortgage?			se or decrease because of a		
I						
\Box	es Explain here:					